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# **The development of an analytical framework to compare reception structures for unaccompanied refugee minors in Europe**

By Ine Lietaert, Malte Behrendt, Océane Uzureau, Sarah Adeyinka, Marina Rota, Floor Verhaeghe, Charles Watters & Ilse Derluyn

The UN Convention of the Rights of the Child stipulates that unaccompanied refugee minors (URM) are entitled to specific and adapted accommodation structures and care. Despite the general strive in EU policy to reach common standards for those reception structures, they still vary largely, resulting in unequal treatment and care conditions. In this article, we aim to build an analytical framework, based on central features of concrete reception practices in different EU-countries, which can serve as a tool for in-depth comparative researches of reception and care systems.

Starting from the comparative framework of Watters and Hossain (2008), we draw a new framework on reception structures for URM based on insights from various disciplines and extensive participant observations in 58 accommodation settings for this group in different EU-Member States. Our framework includes four analytical axes: (1) separation versus integration; (2) control versus autonomy; (3) immigration control versus welfare protection; and (4) low intensity versus high intensity care and illustrates how organizational arrangements and choices made within the different axes strongly influence the realisation of care and support. As such, this framework may serve as a first, necessary step in creating increased evidence on how reception structures may impact URM' wellbeing.

## **Introduction**

The UN Convention on the Rights of the Child illuminates the specific needs and related rights regarding reception for unaccompanied refugee minors (URM), children and young people under the age of 18 who are migrating without their parents, legal guardian or previous caregiver(s) (UN DocA/Res/44/25, 1989). According to this Convention, URM are entitled to specific and adapted protection and care, 'the best interest of the child' should be the point of reference in any decision regarding the minor, and URM hold right to the same standards of treatment compared to 'national' children (Derluyn, 2018; Enenajor, 2008). At the EU level, the need for safe and appropriate care and accommodation, with emphasis on the child's best interest and wellbeing, is stipulated in various guidelines and communications (COM(2010)213; COM(2017)211; Directive 2013/33/EU). These agreements align with the general strive in EU policy to reach better and more harmonised standards of reception in general, and for URM in particular (European Commission, 2019).

Reality, however, presents a different picture. Research has illustrated how the quality of care in reception structures for asylum-seeking URM does not meet the standards and is generally much lower

than the care provided in mainstream youth care services (COM(2017)211; Derluyn, 2018; Enenajor, 2008). In this vein, researchers report ‘a protection gap’ concerning URM (Enenajor, 2008), and have documented the negative mental health impact of stressors inherent to reception facilities for URM in host or transit countries (Fazel et al., 2012; Vervliet et al., 2014; Watters, 2008). Moreover, tremendous differences between care structures for URM throughout Europe have been reported, resulting in unequal treatment and living conditions across the EU (Sandermann, Husen, & Zeller, 2017).

In this article, we argue that there is need for more comparative research on reception structures and care for URM (Sandermann et al., 2017). We state that it is pivotal to move beyond current observations that ‘reception conditions for URM differ’, and engage with disentangling how exactly these practices vary (Watters & Hossain, 2008). These insights might inform social policy and social work approaches by revealing good practices, or conversely, by drawing attention to protection gaps or practices that negatively impact URM’s wellbeing. Current comparative studies have mainly focussed on macro-level entitlements, laws and policies regarding service provision (Sandermann et al., 2017; Watters & Hossain, 2008). Yet, actual daily practices for URM remain largely unseen, although this operational level often strongly deviates from laws and policies and has a direct and significant impact on the realisation of qualitative care and support for URM in Europe (Watters & Hossain, 2008). As such, this article aims to analytically refine the features of the overall organization and actual implementation of reception structures for URM. We hereto start from Watters’ and Hossain’s (2008) analytical framework established to comparing adult refugee reception structures, and we extend this framework with insights from varying theoretical perspectives and participant observations in accommodations for URM in different Member States. Building an analytical framework that represents the main logics and features of reception structures for URM across Europe will contribute to more rigorous and theory-driven comparative approaches as an essential first step towards increased insight into how and when reception structures beneficially impact URM’s wellbeing. In the subsequent section, we describe our methods and data, followed by a detailed discussion and elaboration of the elements in the four different axes that determine the different realities in reception structures for URM.

### **Methodological approach**

Watters and Hossain (2008) established a typology of reception services for adult asylum applicants that helps to analyse how reception structures differ in practice. Based on country reports describing the actual asylum reception conditions in eleven EU Member States, written by practitioners working in reception facilities and who visited reception structures in other countries, the authors distinguish four axes, which represent different emphases placed within reception systems. These four axes – (1)

separation versus integration; (2) control versus autonomy; (3) top down versus participative; and (4) immigration control versus welfare – provide a strong base to comparing the reality of reception structures. However, the concretisation of these axes remains rather vague and the framework was developed in relation to structures for adult asylum applicants, so needs adaptation to be applicable to the context of reception settings for URM.

The empirical data for this article result from participant observations in different reception structures in various Member States. The data were collected between October 2017 and October 2018 in the framework of an on-going research project in which URM are followed during their trajectory through Europe aiming at increasing our knowledge about the impact of ‘flight’ experiences on URM’ wellbeing. The participants of the study were recruited in three different countries, Greece, Italy and Belgium, as such including two entrance/transit countries for URM and one settlement/transit country, and thus grasping different realities regarding reception conditions. In each of these countries, two or three research locations were selected, in order to capture the different trajectories of URM within those three countries. Possible participants were recruited within the group of URM residing at these locations, whereby we tried to have a representation of the demographic composition of the total group of URM at that time in those countries. We relied on URM’ self-declared age (younger than 18 years), yet only worked with youngsters older than 14 years since we then consider them as old enough to give own informed assent. Eventually, the research included 167 minors, including 22 girls and 145 boys, with an average age of 16.25 years, originating from 26 different countries of origin<sup>1</sup>, and with a wide variety of temporary legal statuses. Subsequently, this group of participants was followed while transiting through several countries and staying in different reception structures, which enabled us to observe care systems in three additional countries, namely France, Germany and Spain.

After obtaining permission of the staff to recruit URM at their reception facility or conduct a follow-up interview, several moments of participant observation were conducted, investigating the minors’ living contexts and conditions. The researchers hereby took field notes and completed information sheets describing specific characteristics of the different settings (e.g., type of setting, location, type of building, number of minors, available infrastructure, available staff, etc.). Both field observations and information sheets focus on the reception conditions in the centres and do not contain any personal data on the minors residing there. Equally, in this article we only use codes to refer to specific reception facilities, in order to guarantee confidentiality and anonymity.

The combination of these two approaches of data collection gave us insight into the organization and implementation of reception structures for URM in 58 different accommodations in five countries. An overview of the main characteristics of the reception structures included our research is presented in Table 1. This approach guaranteed the documentation of a broad range of reception conditions, and as such, provided us sufficient in-depth information to distinguish the factors determining the different

realities in reception facilities. This article only includes observations executed in official reception structures, so accommodating minors with different legal statuses (asylum-seeking and non-asylum seeking) and in different phases of their settlement trajectories (initial reception structures after arrival, while their procedure is still ongoing, and after they received the outcome of their procedure). We acknowledge that this approach only partially reveals the living conditions of URM in Europe, as the focus on formal reception structures excludes the large number of minors who are outside these formal structures, for example those residing in 'informal' camps (e.g., the 'Jungle' in Calais) or those staying with relatives or friends. Also, our focus on URM older than 14 years prevented encounters with facilities that explicitly focus on young unaccompanied children, which might have a different approach. However, this elaborate data do allow us to verify the analytic value of the elements derived from theory and previous research in the context of reception for URM.

#### Four dimensions to analyse reception facilities for URM

In what follows, we revise and refine the concrete elements constituting these four axes in the model of Watters and Hossain (2018) in relation to the realities of reception structures for URM, through, first, insights about the impact of the quality of accommodation and housing conditions, about the wellbeing of asylum applicants and URM in particular, and about social work with URM, and, second, through findings from participant observations in different reception structures in various Member States (cf. *supra*) (figure 1).

*Insert figure 1*

##### 1. Separation versus integration

According to Watters and Hossain (2008), the separation-integration axe refers to the ways in which asylum-applicants are kept apart from or rather integrated into the host community as a result of the ways reception facilities are organised. Following aspects that contribute to this focus on either separation or integration are mentioned: the location of the building, the sphere or type of the building, and the location of the care.

The impact of these three features of reception facilities on integration and separation has been confirmed and explained in various studies. First, the influence of *the location of the building* is relatively straightforward. The location where URM are accommodated can literally either include minors in or rather separate them from the community, as the location of the building can enable or hinder participation (Hauge, Støa, & Denizou, 2017). Our observations revealed that some reception centres for URM were indeed located in isolated places (9/41), which created difficulties for the URM to reach the surrounding cities in order to attend activities or get access to certain care facilities. It also

prevented them from drawing on support of diaspora networks, which are often situated in larger cities. Yet besides distance, the access to public transport is crucial as well. Some minors were accommodated in places relatively close to the city, yet without any connection to public transport and had to make dangerous walks along busy highways to reach the city centre (47).

Second, also the *type of the building* used to accommodate URM contributes to separation or integration processes. We observed minors being hosted in various types of buildings, including institutional settings such as former hotels, orphanages, military barracks, hospitals and psychiatric institutes, camps made out of tents or containers, and regular houses or apartments. According to Hauge (2009), the type of housing – just as the location of the building – not only facilitates or inhibits behaviour and social interaction, it also influences people's identity and self-perception (Dovey, 2014; cf. *infra*). Moreover, the type and location of the buildings selected for the accommodation of URM also influence how the surrounding community perceives its residents. Accommodating URM in those 'institutional' buildings, which were initially often created to separate certain groups from the mainstream society and to install an internal regime of control and disciplining, may convey the image that these minors are a threat for society (Dovey, 2014; Foucault, 1977). Thus, both the location and the type of the building selected for reception facilities may mediate who is perceived to belong to the host society and who does not, through creating "both practical and symbolic barriers for inclusion and equality" (Hauge, Støa, & Denizou, 2017: 17).

These forms of exclusion are certainly felt by the URM, and as such influence their self-perception. For example, we observed how URM had to move to a different house within the same region, relocating them from a rather marginalised area with considerable drug-dealing activities to a 'better and safer' neighbourhood (16). Yet, the minors themselves appreciated the previous location more, as they felt less excluded there compared to the new setting where mainly families (including families with a migration background) were living. The fieldwork also showed that choosing to accommodate minors at reception facilities located next to active military training areas created a context in which the URM could hear firing or were confronted on a daily basis with army helicopters flying over, possibly evoking triggers for past traumatic experiences. As such the location and type of building not only influence separation or integration processes, but can also enable or inhibit feelings of safety, protection and mental wellbeing amongst the residents (cf. *infra*).

As a third element, Watters and Hossain referred to *the location of care*, namely whether the residents receive particular services (such as health care, education or leisure activities) in- or outside the reception facility. When all services are provided inside the reception centre (5; 10; 21; 47), the image of a 'total institution' is raised (Van der Horst, 2004; Rosenberger and König, 2011), implying complete separation from the host society. In our field work, we observed many gradations and combinations

of the location of care. For example, education was sometimes implemented through language courses provided in the centre, while other URM attended regular schools, the latter however in diverse systems, ranging from separated classes for newcomers to complete integration within the mainstream schooling system. Regarding health care, some reception facilities had a general practitioner, psychologist or nurse as part of their permanent staff, while in other facilities all health care was provided outside the centre.

Following Hauge and colleagues (2017) and supported by our observations in the field, we want to add a fourth element to the dimension of integration-separation, namely *housing quality*. Adequate housing is a basic human right, defined by the UN Committee on Economic, Social and Cultural Rights as: adequate privacy, space, security, lighting and ventilation and basic infrastructure, and adequate location with regards to basic facilities (CESCR 13/12/91). When standards for adequate housing are not met and minors are living in messy and run-down buildings, this once more installs separation from ‘normality’ and from the society where other housing standards apply (Hauge, Støa, & Denizou, 2017). O’Mahony and Sweeney (2010) interestingly illustrate how these standards for adequate housing strongly overlap with meanings of home, as elements such as privacy and security, as well as continuity and self-expression (e.g., being able to create a personal place or upholding certain cultural traditions) are important conditions for a residence to become a ‘home’. Although the need for privacy is certainly context- and culture-dependent, our observations showed that for some URM a minimum of private space is a necessary precondition for a safe environment that also guarantees sufficient room for personal development. Housing standards thus influence the ability to create a sense of home, which is a prerequisite for ontological security and as such to integrate in a society (Hauge et al., 2017; O’Mahony & Sweeney, 2010; Van der Horst, 2004). While not all aspects of housing quality can be objectified or quantified, with the addition of the element ‘housing quality’ we highlight that also architectural (e.g., sufficient space, sufficient privacy) and aesthetic standards, and building maintenance must be considered when describing whether a facility emphasises foremost separation or rather integration of URM.

## **2. Control versus autonomy**

As a second axe determining reception facilities, Watters and Hossain mention ‘control versus autonomy’, which refers to “the extent to which asylum seekers are allowed freedom to determine their own lifestyles within the necessary constraints imposed by their social and legal positions” (2008, p. 22). As an example they mention the extent to which residents can make decisions about aspects of their daily routines and activities. As a third and separate axe, Watters and Hossain introduced ‘top-down versus participative elements’ in reception facilities, indicating the extent to which residents “participate in the services offered to them and relate to their role in making decisions with respect to

the policies and practices followed at centres” (2008, p. 22). However, our search for examples of these two axes in our data illustrated that both aspects are too closely interrelated to consider them separately. The ability to participate in decision-making regarding policies and practices in the centre (axe 3) strongly connects to feelings of autonomy and determination of their own lifestyle (axe 2). Moreover, while Watters and Houssain (2008) refer to the impact of asylum applicants’ social and legal position on their ability to determine their own lifestyle, their social and legal position also clearly intertwines with a top-down or participative structure in the centres. Therefore, we merged these two axes together under the axe ‘control versus autonomy’. Choices regarding control or autonomy were often linked to specific characteristics of URM (e.g., being under aged, being vulnerable, being more mature) – as such, needing more or less control or autonomy. Still we could observe a wide variety of approaches. The observations showed that URM’ possibilities to participate in the decision making regarding daily routines and activities in the facility were strongly determined by choices regarding timetables, obliged participation, disciplinary systems and money management. Besides, the ability to cook themselves and rules of conduct were other elements largely impacting the realization of either control or autonomy.

At first, we observed that many reception facilities applied strict *timetables*, indicating at which time residents need to wake up or sleep, when they can eat or go out (with for example using a curfew, sometimes reinforced by the use of an electronic control system). Such timetables and routines strongly connect to power and control, since they regulate daily life (Dorrer et al., 2010; Edensor, 2016) and influence URM’ freedom of movement within and beyond the reception facility.

Second, besides having a fixed time for ‘leisure activities’ for example, some facilities also *obliged URM to participate* in educational and leisure activities, resulting in a strictly controlled environment (8; 23), sometimes reinforced by a *disciplinary system*. In one reception shelter for example, URM were expected to be back in the centre from weekends spent outside by Sunday 6pm, with a deduction of their monthly stipend when they were too late. The same rules of losing a part of their stipend applied in cases of fights, major disturbances or destruction of property in the centre (50). Yet we also came across a reward system of earning ‘privileges’ because of good behaviour (36). Such privileges could be extra pocket money, but were mainly extra responsibilities, such as being the leader of the house, which included communicating new rules or guidelines from the staff to the other residents and vice versa and reporting incidents to the staff. As such, this system functioned as an additional internal disciplinary system. While timetables and expectations regarding participation in some settings were quite strict, some facilities rather used ‘soft rules’, giving some freedom to the URM to negotiate leisure hours beyond the imposed curfew, with the staff entrusting the minors to return later at night (3). Other facilities did not foresee any structure nor activities organised in the centre or by staff,



leaving it to the URM to organise their daily structure and activities, even whether to attend school or not (2). An increase in autonomy also implies more responsibility, which is often argued to be necessary when working with URM who are often quite mature and autonomous for their age (Derluyn, 2018). Some researchers however indicate that a large autonomy leads URM to disengage from school and become at risk to experiencing social isolation and boredom (Wade, 2018; see also axe 4).

Fourth, also the applied *money management* was influential: receiving pocket money or not and the possibilities URM had to use this money influenced their mobility and possibilities to take part in particular activities. Some reception facilities for example worked with a system of ‘vouchers’ that the URM could use to buy products in the centre’s ‘shop’, what strongly determined what could be bought.

Fifth, during the fieldwork, we noticed that another element determining the minors’ autonomy was the *possibility to cook* themselves, as opposed to having to eat what was served for all residents.

Last, next to the here mentioned organizational elements, there appeared to be quite some differences between the reception facilities in giving more autonomy or installing more control with regards to *rules of conduct*. Some facilities, for example, established rules about the language that had to be spoken in the centre or during lunch or dinner time (22; 46). This is a strong element of control, and often framed either within an ‘integration’ discourse (i.e., better ‘integration’ in the host society through improving URM’ language skills and through learning to respect others) or within safety concerns (i.e., to avoid conflicts between URM that could be triggered because of language differences).

### 3. Immigration control versus welfare protection

As a final axe, Watters and Hossain (2008) mention the extent to which facilities are governed by concerns regarding either immigration control or asylum-applicants’ welfare, two opposing normative frameworks that are also strongly documented to impacting the care and support services URM are provided with (Bhabha, 2001; Derluyn, 2018; Sandermann et al., 2017). According to Bhabha (2001), these two frameworks co-exist in the policy towards URM in many countries, resulting in huge policy inconsistencies in the state interventions for this group of youngsters.

Several scholars notice a gradual evolution towards migration management and control in policies related to URM, and thus a focus on controlling and reducing new arrivals of unaccompanied minors (Derluyn, 2018; Enenajor 2008; Siverman, 2016). This immigration control perspective puts the legal status of URM at the centre of all policies, mainly considering them as (irregular) migrants or asylum seekers (Bhabha, 2001). At the macro-level, this perspective is translated into, amongst others, URM being under the responsibility of immigration or law enforcement agencies rather than youth care agencies, the detention of URM (in particular of URM without legal documents or URM awaiting their

assignment to a reception facility), a strong distinction in care and support between asylum-seeking and non-asylum-seeking URM, and a diminishing of the welfare rights for these young people (Bhabha, 2001; Derluyn, 2018; Enenajor, 2008). In this vein, researchers also refer to a general sphere of distrust towards the claims and motives of URM and the assumption that they are 'bogus' before they are assumed to need help (Bhabha, 2001). As such, (medical) age assessment procedures have attained a central place to distinguish those who do from those who don't 'deserve' support as a minor (Derluyn, 2018; Silverman, 2016). A welfare protection concern sees URM as minors first, and as such focuses on extra protection and the best interest of the child (Bhabha, 2001). On macro-level, this can be translated, for example, in mainstream youth care services being responsible for URM (instead of separated systems for asylum-seekers) and systems of legal guardianship to safeguard URM' rights.

Also in daily life in reception structures, an emphasis on either immigration control or welfare found its translation. An emphasis on the legal status of URM or a strong connection between the care structures and the immigration authority became visible at the operational level in for example settings where *police* is present in the facility (47) or where *fingerprinting procedures* were installed (204). Equally, the *consequences of age assessment* may reveal an emphasis on either immigration control or welfare protection. In some settings, when an age test determines that an URM is off-age, (s)he is immediately transferred to a setting for adults, hereby losing all extra protection measures for minors, including access to education (Vervliet, 2013). This can also lead to the Dublin regulation entering into force and the young person being deported to the first country of entry. Some youngsters then decide to leave the reception system, putting them at risk to fall into situations of abuse and exploitation. Yet, also more subtle forms of the same mechanism were observed during the field work, for instance a social worker who was hesitant to help a minor the moment (s)he was estimated off-age, or the hesitation or reluctance amongst caregivers to work with those who have little perspective to receive residence papers or those who 'look older' (23). In one case, an URM was asked to leave the shelter following an 'anonymous' phone call by someone who claimed the URM was an adult and thus was only exploiting the system (which in itself illustrates the increasingly migrant hostile atmosphere in the country). This removal was carried out swiftly, without verification of the information, in order to assure the local funding authorities that the shelter was on their side (21). We also noticed that, the more reception facilities are governed by concerns regarding immigration control, the more difficult it becomes for NGO's and social workers to position themselves in this field and provide care for URM in the reception system (Hayes & Humphries, 2004; Wright, 2012). Yet social workers and guardians alike put high efforts as well to in portray the URM under their care as much as possible as 'vulnerable' (8; 23), to access the needed services or to speed up access when long waiting lists are in place, and as such, struggle to realize URM' welfare rights in a restrictive context (Derluyn, 2018).

#### 4. Low intensity versus high intensity care

Finally, the available literature and our empirical findings revealed the importance of adding a fourth distinctive axe. This axe distinguishes reception structures based on the intensity of care provided, ranging from providing the bare minimum of care to high intensity care, referring to a broad range of qualitative interventions. As elements contributing to the intensity of care, we identified the following aspects: the available types of support; the relationship between the URM and the staff; the educational background and level of training of the staff; and the stability and continuity of care.

First, we saw a large variety of the *types of support* offered to the URM in reception structures. On the one hand, as minimal level, care and support can be limited to offering food and shelter only. Yet, in several countries, there seemed to be even a lack of *access* to shelters (e.g., lack of places, restrictions of access based on the nationality of the minor), resulting in a total absence of care for certain URM (E.K.K.A, 2018). In the different facilities that we studied, we found a variety of interventions provided, also reflected in and/or related to the educational backgrounds of the staff: meeting URM' daily needs, such as providing food and clothing; counselling and provision of social support (e.g., supporting URM in building up (peer) networks and other supportive relationships, retaining or re-establishing contact with family members); psychological support; providing support in URM' administrative and legal procedures – in which being well-informed about possibilities, processes and updates about the state of their procedure seems of vital importance for URM; and providing education or vocational training, interpreting, leisure or recreational activities and medical care (EMN, 2015; Wade, 2018). Moreover, we came across very few facilities that targeted URM based on specific needs. Although we are aware that specialized care structures do exist (e.g., for victims of trafficking, single mothers, minors with physical and mental problems), our participants mainly resided in non-specific structures for URM. This lack of differentiation strongly echoes Derluyn's argument (2018) that existing care structures treat URM as a very homogenous group. The only exception in our sample were the structures for victims of trafficking. These structures indeed developed some tailored types of support, for example enhanced legal support to empower URM to testify against their traffickers. Yet other types of support appeared to be less developed, so this specialized care did not automatically equalled an overall high intensity of support.

Second, also the nature of the *relationship between staff and URM* in reception facilities seemed to contribute to the intensity of the care provided. An important element here is the level of trust between minors and staff, as an important condition to increase the intensity of care and establish a mentor-like relationship between staff and youngster, where staff are companionable persons who are an enquire into URM' wellbeing (Kohli, 2006). In some settings, depending on socio-cultural norms

in different host and receiving countries, we noticed more physical contact and paternal/maternal behaviours of staff members towards the URM (1; 2; 16; 45). In other reception structures, the mentor-like relationship was differently translated, yet was always characterised by a search for a certain balance between the needs of the URM and the views and possibilities of the caregivers in a particular setting (e.g., acknowledging that minors smoke by smoking together in some settings, or turning a blind eye to smoking as long as the minors do not smoke openly in front of the social workers). A study of the European Migration Network (2015) considers it as a good practice when URM are assigned an individual contact person to help and advice a minor more personally. Yet, also the accessibility and availability of the staff, often influenced by the staff/URM ration, is of importance since it enables or limits the possibilities to interact (Derluyn, 2018; Watters & Hossain, 2008).

Third, the intensity of care is also influenced by the *educational levels and qualifications of the staff* (Derluyn, 2018; Watters & Hossain, 2008), since sufficient and adequate training enables staff members to adequately deal with URM' needs and build up supportive relationships. When, due to the lack of resources, settings were characterised by frequent staff-turnover (see also stability of care below) or had to rely on interns as regular staff members, the educational level of the staff decreased (2; 3). Equally, the centre's location impacted staff's educational backgrounds (see axe 1), since isolated accommodations appeared less attractive for highly qualified personnel (41).

Finally, we distinguish the *stability and the continuity* of care as being important, as this enables trustful relationships between staff and minors and the establishment of new social networks in- and outside the reception structure, a necessity in contexts of long-term disruptions and fractures (De Haene & Derluyn, 2016; Wade, 2018). High staff turn-over strongly impacted the stability and continuity of care, as well as a staged nature of a reception system where transfers are common. Moreover, in different facilities, we observed 'disciplinary transfers' whereby in particular URM who misbehaved or disobeyed the centre's rules were transferred to other facilities (2; 3; 8; 16). In such circumstances, those URM might experience less continuity in their care trajectory and as such, less intensity of care. Moreover, when immigration control has the upper hand in reception (axe 3), this creates "a sense of 'built-in' impermanence that creates anxiety and further discontinuity" (Wade, 2018: 3), as any type of care depends on the assessed age of the URM.

### Concluding remarks

This article highlighted several elements of reception structures for URM that are important to qualify and distinguish these structures since those dimensions impact how reception and care for URM takes place in practice. While a comparison between structures might lead to qualifying particular structures

as ‘still better’ than other (worse) structures, we stress that *all* structures should meet certain quality criteria, also given the elaborated and deep needs many URM are carrying. This is the first time an analytical framework is built that can serve to support analyses of reception structures for URM. Yet, current changing (political, societal and demographic) contexts necessitate to keep this framework open for further additions and revisions.

In conclusions, we want to still highlight some reflections regarding the proposed framework. At first, the presented axes should not be considered as dichotomies, yet represent a continuum, for example for axe 1 ranging from total separation to total integration. Reception facilities can display both features that stimulate integration and others creating separation, possibly resulting complex combinations and positions on a particular axe. Also in the combination of axes, a prominent position on one end on a certain axe can be combined with a diffuse position on another axe.

Second, reception structures will not only take a position on each axe, but the reality in a reception facility embodies the combination of the four axes. The reception structures in our data set did not suggest any clear relation between particular axes. We found facilities that combined a focus on separation with control, high intensity care and a welfare approach (25), while other combined this same focus on separation with autonomy, low intensity care and immigration control (31) or integration with control, low intensity care and a welfare approach (36). As such, many different combinations of axes could be observed.

Third, only for axe three, research is relatively clear in establishing a direct association between one end of the continuum, that is the focus on immigration control, and a negative impact on URM’ wellbeing (Bhabha, 2001; Crawley, 2007; Derluyn, 2018). For the other three axes – axe one, two and four – there is no straightforward evidence that one particular end of the continuum is associated with a higher wellbeing of URM. Yet, particular contributing aspects within certain axes as we identified in the analytical framework have clearly been documented as impacting URM’ wellbeing. Regarding axe one, the separation created through institutional buildings with bad quality is clearly detrimental for URM’ wellbeing (Hauge, Støa, & Denizou, 2017). For features such as the location of the care structure, the relationship between integration or separation and wellbeing seems to be more ambivalent. Safety could be created for particular groups of URM through providing separate, in-house care, or on the contrary, our observations also indicated the negative influence for group cohesion and thus ‘safety within the facility’ when all activities take place outside the centre (36). This points to a clear need for more research on the intersections between place, identity and wellbeing to enlarge the knowledge on appropriate and meaningful ways of intervening in the lives of URM (Green and White, 2007). Equally, findings remain undecided about the level of autonomy (axe two) URM need. A strict, controlling environment could be welcomed by URM as an opportunity to socialise, possibly distracting

from recurrent traumatic memories, or as a negative, childlike and annoying obligation. Observations that certain URM indicated they prefer less intensity support at certain moments in their trajectories need to be interpreted carefully; this might reflect less needs, yet could also indicate that URM might be unaware of the possibilities the reception system can offer (i.e., lack of information), that the support is perceived as negative, or that URM aspire to just continue their journey (which also might reflect different rationales, such as being not satisfied with the provided support, lack of future perspectives or preferring to move on to join family members in another country). Other researchers point out that more autonomy, for example semi-independent living arrangements, puts too overwhelming responsibilities onto URM's shoulders to organise their own lives (Derluyn 2018; Keygnaert, Vettenburg, & Temmerman, 2012; Wade, 2018). Finally, beyond the impact of each individual axis, also the influence of the combination of the different axes on URM's wellbeing and on their perception of what is supportive and attuned to their needs require further in-depth exploration.

Hence, these reflections clearly show that more research is needed on how, when and for which URM particular aspects of reception structures impact their wellbeing, in order to ameliorate current reception and care systems for this specific group and ensure that their differentiated and elaborated needs are met as much as possible.

## Notes

1. The URM in the study originated from following countries (ranked from high to low prevalence): Afghanistan, Eritrea, Pakistan, Guinea, Syria, Nigeria, Ivory Coast, Ethiopia, Albania, Iraq, Tunisia, North Sudan, DR Congo, Chad, Gambia, Mali, Somalia, Palestine, Morocco, Senegal, South Sudan, Serbia, Algeria, Cameroon, Egypt and Sierra Leone.

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